

Rockbridge Multiple Listing Service

205 South Main Street • P.O. Box 797

Lexington, VA 24450

Phone: 540-464-4700 Fax: 540-464-4600

MLS Membership Application

Firm Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ Fax: _____
Email: _____

As Designated REALTOR for the firm, partnership or corporation, I hereby request participation in the Rockbridge Multiple Listing Service (RMLS).

I understand the RMLS operates in accordance with NAR approved Rules and Regulations, a copy of which has been furnished me. I understand and accept my responsibility for compliance within the Rules and Regulations by all licensees with this firm and accept **personal responsibility** for the payment of services provided hereunder, specifically with the provisions of Section 7, Compliance with Rules which holds me responsible for all RMLS fees and assessments and applicable late fees and/or collection cost, if required, for my firm. I understand that there will be a \$400.00 application fee for the firm when services are first initiated and a \$50.00 processing fee for each licensee with my firm who is a user of the service at this time. Once a licensee has been designated as a user of the system, that user status will remain unchanged until a written request for change is received from the Designated REALTOR.

The following is a list of all licensed affiliates with the firm, indicating their user status:

Name (attach separate sheet for additional names)	User	Non-user
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/
_____	/	/

The Designated REALTOR, designated by the firm, partnership or corporation in accordance with Section 1.1 of the REAL ESTATE BOARD Rules and Regulations, to assure compliance with Title 54, Chapter 18 of the Code of Virginia, 1950, as amended, is the RMLS member (Participant). Brokers or licensees other than the Designated REALTOR are not considered to be members of RMLS but have access to and use of the RMLS through the Designated REALTOR with whom they are affiliated.

Date: _____ Print Name: _____

Designated REALTOR Signature: _____